

Permit#_____

6400 El Verde Road, Leon Valley, TX 78238 Phone: (210) 684-1391 X 226 Fax: (210) 509-8288

Email: e.dominguez@leonvalleytexas.gov

ROOF PERMIT APPLICATION

Fee: \$45.00

<u>Note</u> : There is a	a DOUBLE FEI	E for work that is sta	arted before a permi	t is obtained.			
Job Site Address:	Type of Shingles:						
Name of Contractor:							
Contractor's Address: (Address)		(City)	(State)	(Zip)			
Property Owner/Business Name:							
Property Owner/ Business Address:	(Address)	(City)	(State)	(Zip)			
I am the designated permittee and v	vill comply with	Leon Valley City	regulations as spec	ified by Code:			
Signature of Applicant:	e of Applicant:Printed Name:						
	******PLEAS RE-	E CALL FOR INSPEC INSPECTION FEE: \$4	CTIONS****** 40.00		REVISED 8/11 El		
Date:	LE	ON+VAI	LLEY a s	Permit#_			
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	ROOF F	PERMIT APPLIA	CATION				

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Signature of Applicant:		Printed	Name:	